Past issues of "Straight from the Source" can be found at
the Geauga Public Health Website at
www.GPHOhio.org

To get on our GPH "Straight from the Source" email list, email us at:

JGearhart@GeaugaCountyHealth.org

**Follow Geauga Public Health on Facebook for posts
from the Geauga County Health Commissioner.
Facebook @GPHOhio
Questions and comments via email: Info@GeaugaCountyHealth.org**

**For General Questions about COVID-19, the various state orders, and other important
information, the Ohio Department of Health has a Call Center that is staffed from 9
a.m. to 8 p.m. 7 days/week.
1-833-4-ASK-ODH   1-833-427-5634**

Access the sources public health professionals use

for credible COVID-19 information.

Visit the ODH Website at www.Coronavirus.Ohio.Gov

Visit the CDC Website at www.cdc.gov/coronavirus

<u>CURRENT HOSPITAL NEWS</u>

Cleveland Clinic Newsroom: https://newsroom.clevelandclinic.org/category/news-releases/
University Hospitals Newsroom: https://news.uhhospitals.org/
MetroHealth Newsroom: https://news.metrohealth.org/
Cleveland VA Medical Center Newsroom: https://www.cleveland.va.gov/features/index.asp

The **Geauga County Board of Health** regular monthly meeting occurs on the 4th Wednesday of each month at 5:00pm in Building #8 at 470 Center Street in Chardon, Ohio. There is an opportunity for public comment.

Health Commissioner Withholds Support for Public Gatherings
Tuesday, June 23, 2020
Source of Information: Geauga County Health Commissioner, Tom Quade
Content Contact: TQuade@GeaugaCountyHealth.org

Geauga Public Health continues to receive dozens of requests daily for guidance or approval of planned events. Health Commissioner, Tom Quade, reminds all those who are seeking input that just because something is now allowed does not mean it is yet wise to do. "None of us want to live in a society where the government tells us what we cannot do. As citizens who all share a place in society, we must then have enough common sense not to do as we please at the expense of someone else's health and safety. We have to mix in some superego with our id." As Quade continues to work with community partners, he cautions that his guidance in the planning process should not be confused with support for engaging in the activity. "Sometimes that duality makes it feel like I'm walking a tight rope. Other times it feels more like I'm sitting on one. Neither are pleasant sensations."

Through great sacrifice, Geauga County has been successful in keeping its COVID-19 case numbers and hospitalization numbers relatively low. Every uncounted undiagnosed infected person can spread the disease to others. Quade says, "At some point some of the asymptomatic cases will cause a severe negative health outcome for someone else down the road." This is why the argument that people have a choice to accept a risk when they choose to attend an event falls short of sound logic. "Someone who chooses to attend a public gathering like a protest, political rally, concert, fair, or parade may not experience a personal negative health consequence. However, the risk associated with their choice to attend will certainly extend to members of the public who did not choose to attend. That risk extends through the incubation period of the infection unless the attendees voluntarily opt to self-quarantine for two weeks following the event and no one expects that to occur."

Geauga Public Health will continue to work diligently with planners of events to mitigate the risks they present to the public. "If an event or activity is not prohibited by the state, it is unlikely we would take action to try to prohibit it locally. Our willingness to work with planners to mitigate risk and our disinclination to prohibit an activity should not be construed or represented as an endorsement of a public gathering. "Large public gatherings currently present the greatest risk of undoing the good accomplished by the tremendous sacrifices made by members of the public to keep each other safe and the numbers relatively low. Planners of public events should not be quick to squander the rewards of the public's sacrifice."

We need to learn from your experiences as businesses reopen. What do you see that makes you feel safer? Where are the opportunities to improve practices that would make you feel safer as a customer?

Please use the link below to take a brief survey about what prevention practices you are seeing and what impact it has on your decisions of where to shop safely.

https://www.surveymonkey.com/r/Geauga_Public_Input_COVID-19

Community Input Survey Results can be found at the Geauga Public Health web page at:

www.GPHOhio.org

Geauga County General Plan Community Survey
June 18, 2020
Source of Information: Geauga County Planning Commission, Linda Crombie
Content Contact: lcrombie@co.geauga.oh.us

The Geauga County Planning Commission, along with its consultant, Envision Group, LLC, is embarking on a public engagement process to gather community input for an update to the Geauga County General Plan to guide future policy decisions and development.

The link to the Geauga County General Plan Community Survey is provided below. The survey is for Geauga County residents only.

https://www.surveymonkey.com/r/GeaugaCountyGeneralPlanUpdate_CommunitySurvey

We encourage you to forward the survey link to your colleagues, family, and friends who reside in Geauga County or post the survey link via other means, such as newsletters, social media, websites, etc.

We request survey responses be submitted by Friday, July 17, 2020. Thank you in advance for your consideration and participation in this very important survey.

Guidance for Schools to Re-Open
July 2, 2020
Source of Information: Ohio Department of Health
Content Contact: 1-833-4ASKODH (1-833-427-5634)

Governor DeWine announced new guidance for schools planning to re-open this fall. The newly issued guidance report advises schools to vigilantly assess symptoms, wash and sanitize hands to prevent spread, thoroughly clean and sanitize the school environment to limit spread on shared surfaces, practice social distancing, and implement a face coverings policy.

The guidance document can be viewed in its entirety at the following link:

https://content.govdelivery.com/attachments/OHOOD/2020/07/02/file_attachments/1488298/Reset-Restart-full%2006.20.20.pdf

State Guidance Regarding Religious Gatherings
June 11, 2020
Source of Information: Ohio Department of Health
Content Contact: 1-833-4AskODH (1-833-427-5634)

During the Covid19 pandemic, religious services have been exempted from any mandates because of First Amendment freedoms. However, many religious organizations stopped in-building services. Now that in-building services are resuming, here are some recommendations to help keep congregants safe.

Recommended Best Practices

- Indoor activity is inherently more dangerous than outdoor activities because of recirculating air inside. The more outside air incorporated, the better.

- Suggest congregants sit with their families and have each family sitting at least six feet from other people is essential. Masks worn by members is a great addition to the social distancing to prevent the spread of Covid-19. The two used in combination add protection.

- Eliminate as much as possible the touching of common surfaces, such as collection baskets and other prayer material.

- Continue to offer vulnerable members of the community alternative methods of attending a service. Those over 65 and those with chronic lung disease or moderate to severe asthma, serious heart conditions, immune compromised conditions, severe obesity, chronic kidney disease, undergoing dialysis, or liver disease are at higher risk from Covid-19.

Nursing Home Visitation
July 2, 2020
Source of Information: Ohio Department of Health
Content Contact: 1-833-4AskODH (1-833-427-5634)

Governor DeWine announced that beginning July 20, 2020, nursing homes are permitted to begin outdoor visitation as long as all safety standards are met.

When assessing their readiness to permit outdoor visitation, nursing homes should consider:

- Case status in the surrounding community
- Case status in the nursing home
- Staffing levels
- Access to adequate testing for residents and staff
- Personal protective equipment supplies
- Local hospital capacity

The decision to move forward with outdoor visitation considered requests from families and residents and the impact on the quality of life that a prolonged loss of connection can have on an individual. The plan was made in consultation with advocates and providers in the aging and development disabilities communities. Guidelines for visitation were jointly developed by the Academy for Senior Health Sciences, Leading Age Ohio, the Ohio Assisted Living Association, the Ohio Health Care Association, and the Ohio Medical Directors Association.

State Cases by Age and Month

Ohio Data

OHIO COVID-19 Hospitalizations by Two Week Period

OHIO Daily COVID-19 Hospitalizations

OHIO COVID-19 Daily Deaths

Geauga County Data

Geauga County New Cases and Hospitalizations by Month

Public Health Advisory Alert System

July 2, 2020
Source of Information: Ohio Department of Health
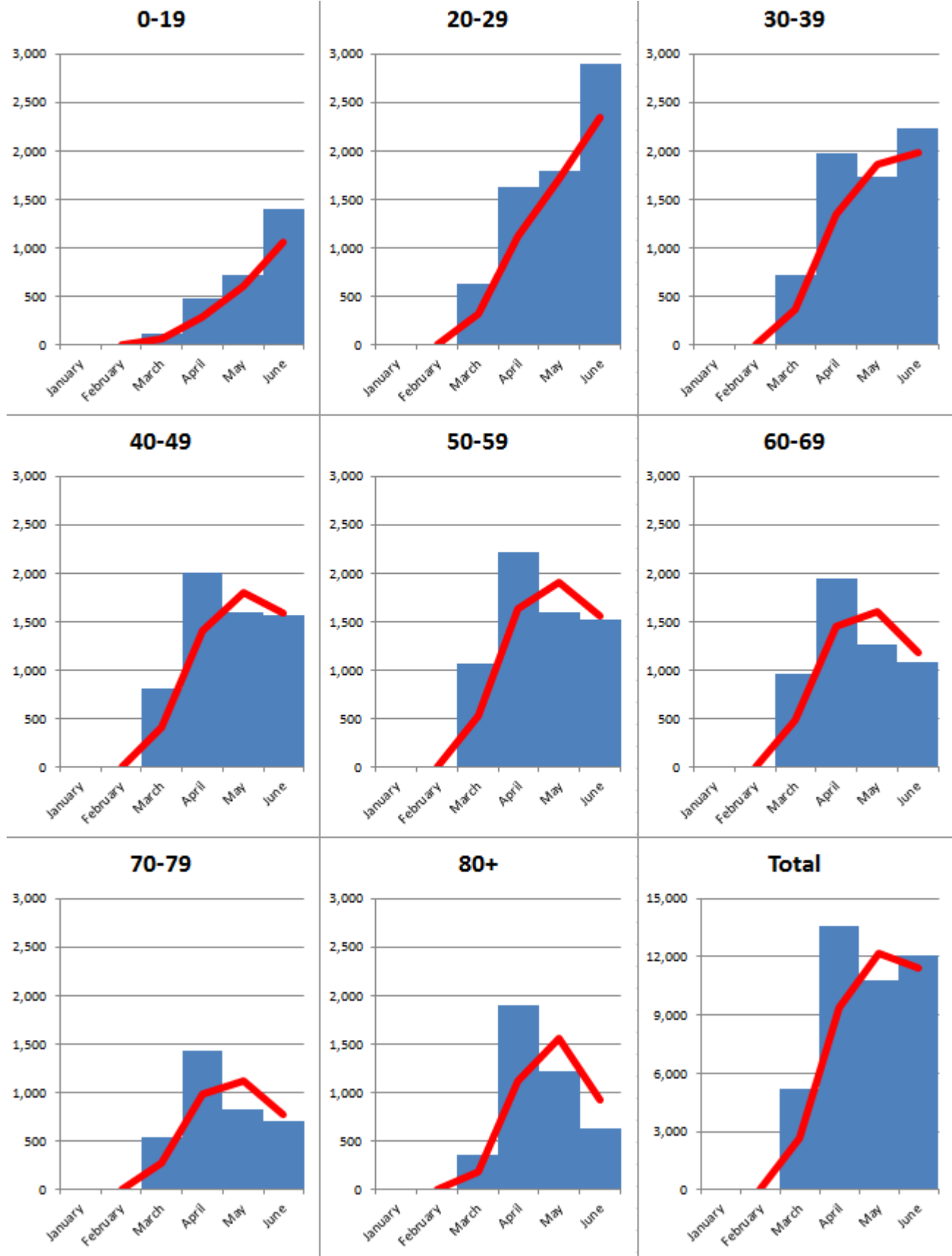*Content Contact: 1-833-4ASKODH (1-833-427-5634)*

Governor DeWine announced that going forward, Ohio will maintain vital, necessary baseline orders to control the spread of COVID-19 while also implementing a new alert system.

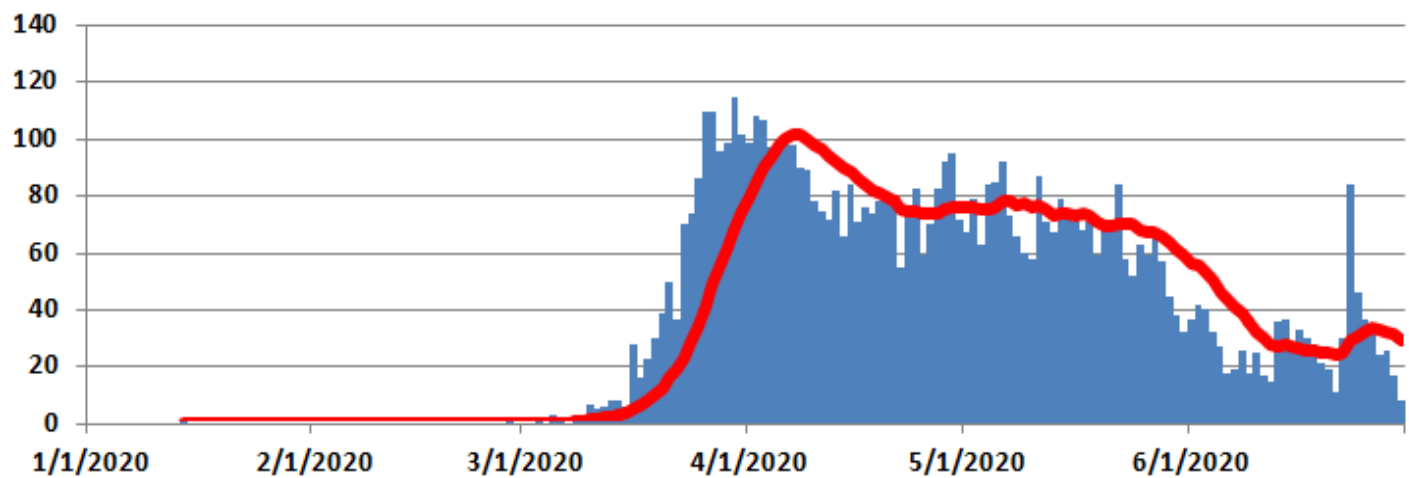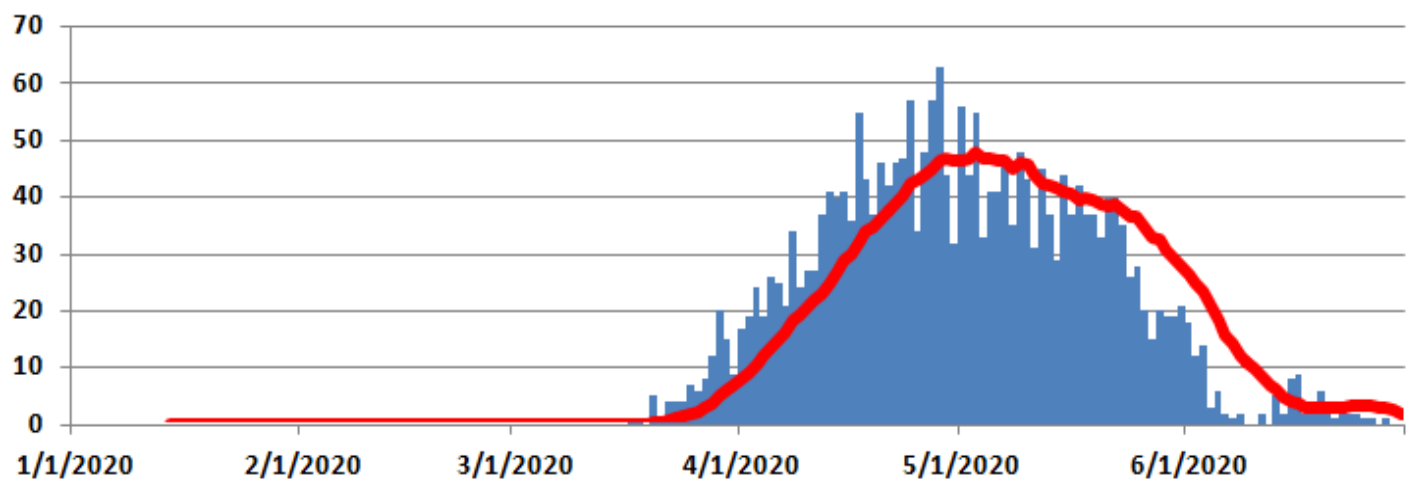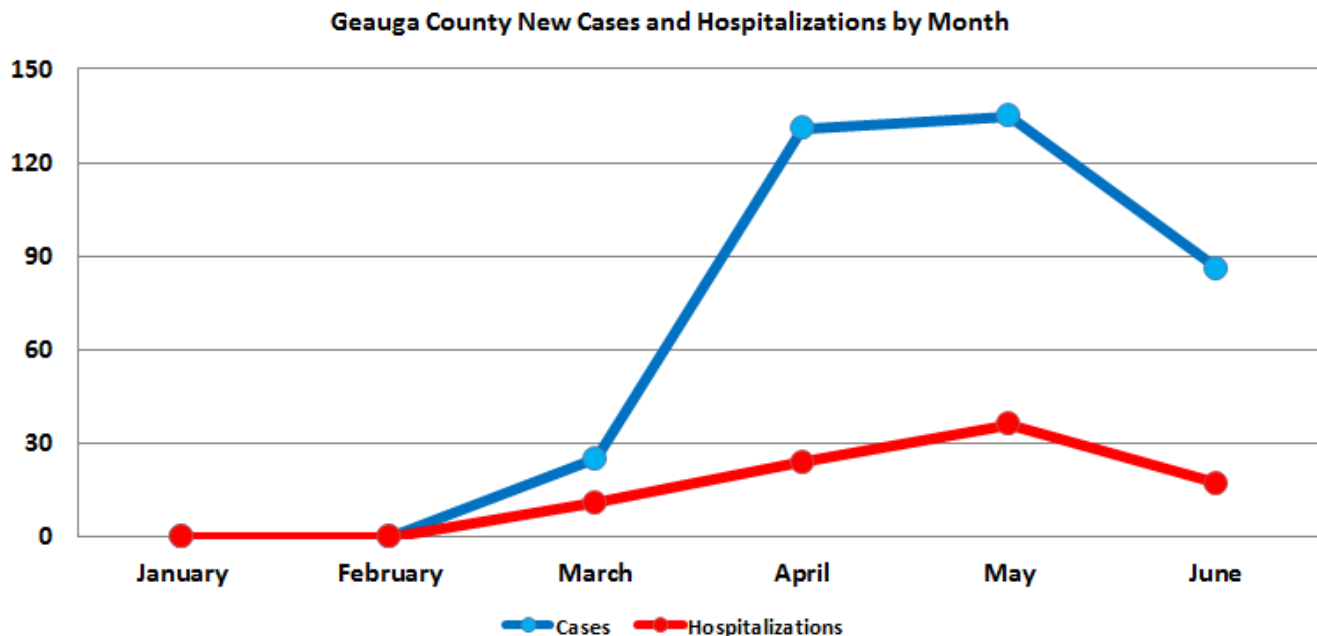The Ohio Public Health Advisory System will provide local health departments and community leaders data and information to combat flare-ups as they occur in different parts of the state. The system consists of four levels that provide Ohioans with guidance as to the severity of the problem in the counties in which they live.

"Our new Public Health Advisory System will help make clear the very real dangers happening in individual counties across Ohio," said Governor DeWine. "This is a color-coded system built on a data-driven framework to assess the degree of the virus' spread and to inform, engage, and empower individuals, businesses, communities, local governments, and others in their response and actions."

Data Indicators:
A county's alert level is determined by seven data indicators:
New Cases Per Capita
Sustained Increase in New Cases
Proportion of Cases that Are Not Congregate Cases
Sustained Increase in Emergency Room Visits
Sustained Increase in Outpatient Visits
Sustained Increase in New COVID-19 Hospital Admissions
Intensive Care Unit (ICU) Bed Occupancy

Additional measurements still in development include county-level data on contact tracing, tests per capita, and percent positivity. Detailed descriptions for each indicator can be found on coronavirus.ohio.gov.

Ohio Public Health Advisory System

COVID-19 | AS OF 6/30/2020

Ohio Counties

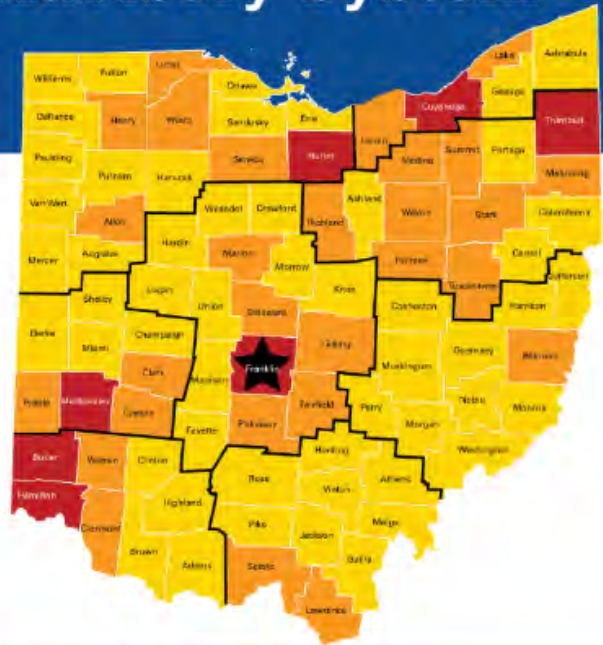| Level		Count
Level 1 Public Emergency		53
Level 2 Public Emergency		28
Level 3 Public Emergency		7
Level 4 Public Emergency		0

★ Indicates a county approaching Level 4

LEVEL 1–4 REQUIRE COMPLIANCE WITH ALL HEALTH ORDERS

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Public Emergency Active exposure and spread. Follow all current health orders.	**Public Emergency** Increased exposure and spread. Exercise high degree of caution. Follow all current health orders.	**Public Emergency** Very high exposure and spread. Limit activities as much as possible. Follow all current health orders.	**Public Emergency** Severe exposure and spread. Only leave home for supplies and services. Follow all current health orders.

MIKE DEWINE GOVERNOR OF OHIO | Ohio Department of Health | Ohio Development Services Agency | coronavirus.ohio.gov

Alert Levels:

Alert Level 1 Public Emergency (Yellow): Baseline level. County has met zero or one indicator. Active exposure and spread. Follow all health orders.

Alert Level 2 Public Emergency (Orange): County has met two or three indicators. Increased exposure and spread. Exercise high degree of caution. Follow all current health orders.

Alert Level 3 Public Emergency (Red): County has met four or five indicators. Very high exposure and spread. Limit Activities as much as possible. Follow all current health orders.

Alert Level 4 Public Emergency (Purple): County has met six or seven indicators. Severe exposure and spread. Only leave home for supplies and services. Follow all current health orders.

Counties that are approaching Alert Level 4 are indicated with a star.

Each alert level includes specific risk-level guidelines, including the requirement that all citizens comply with all health orders.

Summary of Alert Indicators

	INDICATOR	WHAT IT TELLS US
1	**New Cases Per Capita**	Flagged if greater than 50 cases per 100,000 residents over the last two weeks. Allows for counties with different population sizes to be appropriately compared.
2	**Sustained Increase in New Cases**	Flagged if increasing trend of at least 5 days in overall cases by onset date. Reflects disease spread in the population.
3	**Proportion of Cases Not Congregate Cases**	Flagged if proportion of cases that are not in a congregate setting goes over 50% in at least one of the last 3 weeks. Used as indicator of greater risk of community spread.
4	**Sustained Increase in Emergency Room Visits**	Flagged if increasing trend of at least 5 days in the number of visits to the emergency department with COVID-like illness or a diagnosis. Provides information on the health care seeking behavior of the population and a sense of how concerned residents are about their current health status and the virus.
5	**Sustained Increase in Outpatient Visits**	Flagged if increasing trend of at least 5 days in the number of people going to a health care provider with COVID symptoms who then receive a COVID confirmed or suspected diagnosis. Provides information on the health care seeking behavior of the population and a sense of how concerned residents are about their current health status and the virus.
6	**Sustained Increase in New COVID-19 Hospital Admissions**	Flagged if increasing trend of at least 5 days in the number of new hospitalizations due to COVID. Important indicator of hospital burden and disease severity.
7	**Intensive Care Unit (ICU) Bed Occupancy**	Flagged if percentage of the occupied ICU beds in each region goes above 80% for at least three days in the last week. Provides an indication of the capacity availble to manage a possible surge of severely ill patients.
	ADDITIONAL MEASUREMENTS	
	*Contact Tracing (still under development)**	*Portion of cases that can be linked to known transmission chains. Indicates the extent of community transmission and containment.*
	*Tests Per Capita (still under development)**	*The number of COVID-19 tests performed per 100,000 people per day. Provides an indication as to whether there is enough testing to detect most of cases in the population.*
	*Percent Positivity (still under development)**	*The percentage of COVID-19 tests performed for residents of a county that are positive. Important indicator for determining whether the trajectory is cases is related to changes in testing patterns.*

*Data not yet available

INDICATES A COUNTY ALERT LEVEL

LEVEL 1 0–1 Indicators Triggered	LEVEL 2 2–3 Indicators Triggered	LEVEL 3 4–5 Indicators Triggered	LEVEL 4 6–7 Indicators Triggered
Public Emergency Active exposure and spread. Follow all current health orders.	**Public Emergency** Increased exposure and spread. Exercise high degree of caution. Follow all current health orders.	**Public Emergency** Very high exposure and spread. Limit activities as much as possible. Follow all current health orders.	**Public Emergency** Severe exposure and spread. Only leave home for supplies and services. Follow all current health orders.

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Alert Indicator Details

General note about lookback period for data: *most data points are looking at the last 21 days. We know that this virus has an incubation period of up to 14 days, which means that it may take 2 weeks for individuals to start showing symptoms after they are infected. It may take them more time to go to the hospital or doctor's office to get tested. A three-week lookback period means we have at least one week of reasonably complete data, and two more weeks of more recent data to see if there are any indicators of increasing counts.*

FOR INDICATORS 1-3: CASE DATA

New case information is the foundation of any infectious disease response. Every new case is someone who could be spreading this disease to other people. However, not every new case is should be looked at the same—we need context.

1. **New Cases Per Capita**: this measure considers how many new cases have occurred in the last 14 days relative to the population of a county. More cases mean a greater potential for spread among individuals living in that county, and contributes to a county's overall risk level. The threshold for concern is set at 50 cases per 100,000 residents over the last two weeks, which follows CDC guidance for categorizing incidence.

2. **Sustained Increase in New Cases**: if the number of daily new cases continually increases day over day, then that means the virus is spreading more in a county. However, we don't want to flag a county that may have experienced just a one-day increase. Therefore, for this measure we look at the increase using smoothed analysis (or 7-day moving average) of new cases and see if there is at least a 5-day period of sustained growth. The CDC and Resolve to Save Lives both use 5 days as the minimum for determining a trajectory.

3. **Proportion of Cases Not Congregate Cases**: congregate settings for this indicator are defined as long-term care facilities (including nursing homes) and prisons. Individuals who reside in congregate settings or are incarcerated are generally not viewed as a transmission risk to the broader community. As such, people with COVID-19 not residing in a congregate setting should carry greater weight in a county's risk analysis since they are more likely to interact with others in the broader community. A county is flagged on this measure if at least one week, of the last three weeks, sees more than 50% of new cases in non-congregate settings.

FOR INDICATORS 4-5: SYMPTOMS DATA

Syndromic surveillance" is a common public health tool for early detection and characterization of disease trends by looking at early warning indicators before confirmed diagnoses (cases) or more serious disease outcomes (hospitalizations or deaths) can be detected. For COVID, we are looking at syndromic (or symptom) surveillance data from emergency departments and outpatient settings (includes telehealth).

4. **Sustained Increase in Emergency Room Visits**: we look at those going to emergency departments for COVID-19 symptoms as an early warning sign of COVID activity that may impact hospitals down the road. This measures the trend in the number of people with symptoms consistent with COVID-19 that visit the emergency department (e.g., fever, cough, shortness of breath, difficulty breathing) and not diagnosed with another respiratory illness. In addition, patients with a COVID-19 diagnosis code are included in this metric. A county is flagged when there is an increase over a 5-day period using a smoothed analysis (7-day moving average), which follows CDC criteria for assessing increases or rebounds of COVID-like illness.

5. **Sustained Increase in Outpatient Visits**: the number of people visiting outpatient settings with suspected and confirmed COVID-19 diagnosis codes is important to understand how many people are sick enough to go to the doctor's office. Like with emergency visits, this can be an early warning indicator. A county is flagged when the there is an increase over a 5-day period using a smoothed analysis (7-day moving average), per CDC criteria for assessing increases or rebounds.

FOR INDICATORS 6-7: HOSPITALIZATION DATA

Hospital activity gives an indication of the number of Ohioans who are getting seriously sick with COVID. Overall Intensive Care Unit (ICU) occupancy shows how much ICU space is available for new COVID patients as well as others who may need care (car accidents, medical emergencies, etc.).

6. **Sustained Increase in New COVID-19 Hospital Admissions**: the number of county residents who are admitted to hospitals with COVID is an indicator of the burden of illness in the community. This measure looks at the county of residence (rather than the county of hospitalization) since residents of rural counties may seek care at hospitals in neighboring counties. In addition, CDC recommends looking at hospital admissions in addition to COVID-like illness for a more complete picture of disease activity in an area. A county is flagged when there is at least a 5-day period of sustained growth with a 7-day moving average (or smoothed analysis) of new hospital admissions.

As of 6/30/2020

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Ohio | Development Services Agency

coronavirus.ohio.gov

7. **Intensive Care Unit (ICU) Bed Occupancy:** one of the challenges of treating COVID patients is the long period of hospital or ICU care required per patient. While new hospital admissions tell us the new burden of illness on individuals in a county, it does not tell us the resource burden on the hospitals in the broader region. This measure considers both COVID and non-COVID use of intensive care unit beds, as COVID cases are just one portion of what hospitals must handle in their communities. A county is flagged on this measure when the regional ICU occupancy goes above 80% for at least three of the last seven days. The CDC has set ICU occupancy at 80% as an indicator of hospital capacity to treat all patients without resorting to crisis standards of care.

Additional Measurements Under Development: Data Not Yet Available for the Following Indicators

CONTACT TRACING DATA

Contact tracing is a vital tool for controlling the spread of the outbreak. Contact tracing data shows if health departments have a good grasp of new disease transmission in the state.

Contact Tracing: *this measure helps us understand what portion of cases are coming from transmission chains that we are already aware of, versus how many cases are coming from community spread that we are just learning about. Counties will be flagged if the proportion is low. The measure details and data source for this is still being finalized.*

Tests Per Capita: *this measure gives an indication of how much testing is going on, and is it enough given the number of people who live in the county. If a county has less than 150 tests per 100,000 people per day, there may not be enough testing to reliably detect cases. Counties will be flagged if the rate of testing is low. The measure details and data source for this metric is still being finalized.*

TESTING DATA

Without testing, we would not be able to detect confirmed COVID cases in the population. It is important to consider testing in the context of the population, and the positivity rates.

Percent Positivity: *in addition to the sheer number of tests done, it's also important to consider how many tests are positive. Counties that have a higher percent positivity rate may have more undetected cases. For instance, if there's only enough testing to target high-risk settings—the high positivity rate would indicate a need for more testing resources. This measure can also be used to determine whether additional testing is impacting the trajectory of new cases or whether an increase in cases is indicating broader spread of the disease in the population. Counties will be flagged if the positivity rate is high. The measure details and data source for this metric is still being finalized.*

Presumed Recovered Cases
July 2, 2020
Source of Information: Ohio Department of Health
Content Contact: 1-833-4ASKODH 1-833-427-5634

Lt. Governor Husted announced that "Presumed Recovered" is a new data point now reported in Ohio's COVID-19 data metrics shared on coronavirus.ohio.gov.

"Many have been asking why the number of people recovered isn't reported and that's because this data isn't reported to the Ohio Department of Health, so we don't have an exact figure," said Lt. Governor Husted. "However, we can presume what that number is based on the other data we have."

Presumed recovered cases are defined as cases with a symptom onset date >21 days prior who are not deceased.

As of July 7, 2020, Ohio's presumed recovered cases are 40,813

As of July 7, 2020, Geauga County's presumed recovered cases are 315